

POSITION	ID NO.	DATE
CLASSIFIER	49	4/19/96
EXAMINER	A-44	5/15/96
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

## INDEX OF CLAIMS

Claim	Date
Final	Original 4/19/96
1	✓
2	✓
3	✓
4	✓
5	✓
6	N
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
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## SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through number) ..... Canceled
- ↑ ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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